

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/19/2011	
NAME OF PROVIDER OR SUPPLIER DECATUR TOWNSHIP CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4851 TINCHER ROAD INDIANAPOLIS, IN46221			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00088825.</p> <p>Complaint IN00088825 - Substantiated. Federal/state deficiencies related to the allegations are cited at F323 and F9999.</p> <p>Survey dates: April 18 & 19, 2011</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF/NF: 71 Total: 71</p> <p>Census payor type: Medicare: 7 Medicaid: 48 Other: 16 Total: 71</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review 4/26/11 by Suzanne Williams, RN</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0323 SS=G	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to adequately supervise and implement interventions to prevent a resident who was declining in condition and at risk for falls from falling and receiving a significant head injury, for 1 of 3 residents reviewed for falls in a sample of 3. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B was observed on 04/18/2011 at 10:35 a.m. to be in a geri chair near the nurse's station in the common area on the East Wing. The resident was observed to have a fading bruise around her right eye and right cheek bone.</p> <p>Interview with the Assistant Director of Nursing [ADoN] on 04/18/2011 at 10:35 a.m. indicated Resident #B had fallen about three weeks ago and was sent to the hospital with an intracranial hemorrhage. The ADoN indicated the resident was a Hospice resident, was not interviewable, had dementia and breast cancer, and was total care.</p> <p>Resident #B's clinical record was</p>			F0323	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Decatur Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>- - - F-323</p> <p>1. Resident B was re-assessed by a licensed nurse on 3/28/11 post fall in which the nurse provided 1:1 supervision for 10 minutes post fall until the resident was transported to emergency room for evaluation and treatment. The licensed nurse then implemented a pressure reducing</p>		05/09/2011

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	<p>reviewed on 04/18/2011 at 1:50 p.m. and indicated the resident was originally admitted to the facility on 12/08/2009 and recently re-admitted on 03/30/2011. The resident's diagnoses included, but were not limited to, aphasia, cerebrovascular disease, Alzheimer's disease, convulsions/seizures, stage IV breast cancer, bone cancer, depressive disorder, hypertension, dementia, and vitamin D deficiency.</p> <p>Resident #B's most recent significant change Minimum Data Set [MDS] assessment, dated 03/22/2011, indicated the resident was severely cognitively impaired with daily decision making skills, had unclear speech, was rarely understood and sometimes could understand what was being said. The MDS assessment indicated the resident needed extensive assist of 1 person with bed mobility, transfers, ambulation, dressing, eating, toileting, hygiene, and bathing. The resident was frequently incontinent of bowel and bladder. The resident had a steady decline in condition with complaints of pain, being tired, poor appetite, weight loss, and increased problems with concentration, speaking, and moving.</p> <p>The Resident Fall Evaluation, dated 03/02/2011, indicated the resident was at</p>				<p>alarm to resident in the bed. Resident B was re-evaluated by the licensed nurse for falls upon re-admission on 3/30/11 with new interventions ordered for a low bed with mats and a room move closer to the nursing station to increase supervision.</p> <p>2. The Director of Nursing and Assistant Director of Nursing audited residents with a decline in condition for a preventative plan of care for falls with no other residents identified to be affected at the center on 5/11.</p> <p>3. The licensed nurses will be re-educated by the Director of Nursing and Assistant Director of Nursing by 5/6/11 on assuring residents with a decline in condition continue with a preventative fall care plan that will be reviewed to assure interventions are appropriate and will revise care plan as deemed appropriate by the interdisciplinary team.</p> <p>4. The Director of Nursing and Assistant Director of Nursing will continue to monitor residents with falls and residents with a decline in condition 5x a week in the daily morning meeting to assure the residents preventative fall care plan is updated with new interventions for the next 4 weeks and will re-evaluate in the next Monthly Performance Improvement meeting for any further recommendations.</p> <p>5. Compliance Date 5/5/11.</p>		

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	<p>risk for falls. Risk factors included, but were not limited to, a change in mobility, change in gait, change in transfer ability, need for assistance with bed mobility, transfer or ambulation, resident is incontinent and confused, resident wanders, has had changes in medications and new medications, and the resident wears glasses.</p> <p>Resident #B's clinical record indicated the resident was admitted to Hospice services on 03/04/2011. The Hospice Nursing Narrative Summary dated 03/04/2011 indicated the patient was weak, had pain in bones, had grimacing, decreased appetite, refuses meals, decreased strength, increased mental status changes, was incontinent of bowel and bladder, was total care for all activities of daily living, and used a wheelchair for ambulation by staff.</p> <p>The Hospice Nursing Summary indicated safety issues which included limited range of motion, bone or joint problems, bone pain, total assist, vision impaired, decreased endurance, fatigue, weakness, support needed during transfer and ambulation, bowel and bladder incontinence, precautions needed for seizures and falls.</p> <p>Interdisciplinary Progress Notes dated</p>				The center sent in a written IDR in regards to this citation.		

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	<p>03/09/2011 indicated the resident ambulated independently, is periodically unsteady, so staff will walk with her. The notes indicated the resident had not been feeling well recently and had been smiling less due to pain and being tired. The resident was noted to be feeling tired, having a poor appetite, trouble concentrating, and moving less and so slowly that others would notice.</p> <p>Interdisciplinary Progress Notes dated 03/25/2011 at 9 a.m. indicated the resident had a grand mal seizure while sitting in wheelchair in hallway. "Resident continually refusing meds over several days...." Notes dated 03/26/2011 at 11 p.m. indicated the resident was up "ambulating in room into hallway attempted to redirect res [resident] several xs [times] back to bed due to gait unsteady. Walked c [with] res c min. [minimal] assist to East Wing lounge et [and] layed res on couch s [without] difficulty."</p> <p>Interdisciplinary Progress Notes dated 03/28/2011 at 3:30 a.m. indicated the resident was incontinent of urine and care was provided; repositioned in bed and call light in reach.</p> <p>Interdisciplinary Progress Notes dated 03/28/2011 at 4:45 a.m. indicated, "CNA</p>						

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	<p>called this writer into room et [and] found res laying on floor on her back next to bed c a bump on her forehead et blood on her forehead and on the floor. Res eyes open et responding to this writer. Res moaned out in pain when this writer touched her forehead. Other nurse called into room. 911 called by this writer. BP [blood pressure] 118/80 P [pulse]114 R [respirations] 18. Res had black and blue (R) [right] eye et swollen." Further notes indicated the resident was sent to the hospital and family and physician were notified. Notes dated 03/28/2011 at 11 a.m. indicated the resident was admitted to the hospital with a brain hemorrhage.</p> <p>Hospital records dated 03/28/2011 indicated, "... ECF [extended care facility] resident fell down this morning striking her head. She was found by staff down on the ground and was uncertain exact timeframe. Patient does have chronic dementia and metastatic breast cancer stage IV. ... Patient received CT of her head demonstrating parenchmal bleed, subdural hematoma...."</p> <p>The Physician Discharge Summary dated 03/30/2011 indicated discharge diagnoses of intracranial bleed, Alzheimer's dementia, breast cancer with bony metastasis.</p>						

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	<p>The resident's care plan for problem of fall risk related to weakness, unsteadiness, limited mobility, impaired cognition, psychotropic drug use with onset date of 12/17/09 and recently updated on 03/28/2011 with "fall unwitnessed out of bed," indicated approaches of the following: monitor and document for changes in behavior, such as increased agitation, decline in mental status, etc.; keep call bell within reach of resident, remind to call for assistance; monitor for s/sx of UTIs or other infectious process; provide resident with clean glasses daily; provide well lit, clutter free environment; provide assist for toileting as needed; engage resident in active participation in activity programming; keep frequently used objects within reach; evaluate resident for change in vision, change in mental status, med medication, medication side effects, gait disturbance, and/or orthostatic hypertension; strips at bedside was added on 06/28/10; and pressure alarm to bed at all times was added 03/28/2011 after the fall with the subdural hematoma.</p> <p>Interview with the Director of Nursing [DoN] and Administrator on 04/18/2011 at 2:30 p.m. indicated the investigation of the fall included interviewing the nurse and CNA who claimed they had just checked on the resident 5 minutes prior to</p>						

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F9999	<p>the fall and she was fine.</p> <p>Interview with the DoN and Administrator on 04/19/2011 at 11:50 a.m. indicated their investigation was in the computer and the DoN pulled off the documentation which showed the unwitnessed fall was not thoroughly investigated, but supported the above documentation of a lapse of 1 hour and 15 minutes between checks on the resident, not 5 minutes between checks as the DoN had thought. The facility failed to implement interventions for a resident who was in an active declining condition to prevent her from falling out of bed and having received a significant head trauma - subdural hematoma.</p> <p>This Federal tag is related to Complaint IN00088825.</p> <p>3.1-45(a)(1) 3.1-45(a)(2)</p> <p>State Finding:</p> <p>The administrator is responsible for the overall management of the facility but shall not function as a departmental supervisor, for example, director of</p>			F9999	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Decatur Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any</p>		05/09/2011

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	<p>nursing or food service supervisor, during the same hours. The responsibilities of the administrator shall include, but are not limited to, the following:</p> <p>(1) Immediately informing the division by telephone, followed by written notice within twenty-four (24) hours, of unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents, including, but not limited to any:</p> <p>(A) epidemic outbreaks; (B) poisonings; (C) fires; or (D) major accidents.</p> <p>If the department cannot be reached, such as on holidays or weekends, a call shall be made to the emergency telephone number ((317) 383-6144) of the division.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to report to the Indiana State Department of Health [ISDH] a fall with significant head injury for 1 of 3 residents reviewed for falls and appropriate reporting of significant injury in a sample of 3. [Resident #B]</p> <p>Findings include:</p>				<p>statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."Criteria for determination of a significant injury has been put into place with the staff educated. Any injury in which there is a laceration or bruise that exceeds 8cm, it must be measured, documented and reported to Director of Nursing and the Administrator so they may report it to the state. 1. This Administrator or Director of Nursing will review any incidents 5x a week for the next 4 weeks in the morning meeting and will re-evaluate in the next Performance Improvement Committee Meeting for any further recommendations.2. The Administrator and Director of Nursing were re-educated by the Regional Director of Clinical Operations on the Indiana State reportable requirements on 5/2/11.3. The Administrator and Director of Nursing or supervisor will report according to the Indiana State guidelines effective immediately on 5/2/11. 4. The licensed nurses were re-educated on the reportable state guidelines by the Director of Nursing and Assistant Director of Nursing. The license nurse will report</p>		

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	<p>Resident #B was observed on 04/18/2011 at 10:35 a.m. to be in a geri chair near the nurse's station in the common area on the East Wing. The resident was observed to have a fading bruise around her right eye and right cheek bone.</p> <p>Interview with the Assistant Director of Nursing [ADoN] on 04/18/2011 at 10:35 a.m. indicated Resident #B had fallen about three weeks ago and was sent to the hospital with an intracranial hemorrhage. The ADoN indicated the resident was a Hospice resident, was not interviewable, had dementia and breast cancer, and was total care.</p> <p>Resident #B's clinical record was reviewed on 04/18/2011 at 1:50 p.m. and indicated the resident was originally admitted to the facility on 12/08/2009 and recently re-admitted on 03/30/2011. The resident's diagnoses included, but were not limited to, aphasia, cerebrovascular disease, Alzheimer's disease, convulsions/seizures, stage IV breast cancer, bone cancer, depressive disorder, hypertension, dementia, and vitamin D deficiency.</p> <p>Resident #B's most recent significant change Minimum Data Set [MDS] assessment, dated 03/22/2011, indicated</p>				<p>immediately to the Administrator/Director of Nursing or the supervisor of any unusual occurrences that directly threaten the welfare, safety, or health of the resident or residents. The Administrator, Director of Nursing, or supervisor will then report to ISDH per guidelines for notification.</p>		

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	<p>the resident was severely cognitively impaired with daily decision making skills, had unclear speech, was rarely understood and sometimes could understand what was being said. The MDS assessment indicated the resident needed extensive assist of 1 person with bed mobility, transfers, ambulation, dressing, eating, toileting, hygiene, and bathing. The resident was frequently incontinent of bowel and bladder. The resident had a steady decline in condition with complaints of pain, being tired, poor appetite, weight loss, and increased problems with concentration, speaking, and moving.</p> <p>The Resident Fall Evaluation, dated 03/02/2011, indicated the resident was at risk for falls. Risk factors included, but were not limited to, a change in mobility, change in gait, change in transfer ability, need for assistance with bed mobility, transfer or ambulation, resident is incontinent and confused, resident wanders, has had changes in medications and new medications, and the resident wears glasses.</p> <p>Resident #B's clinical record indicated the resident was admitted to Hospice services on 03/04/2011. The Hospice Nursing Narrative Summary dated 03/04/2011 indicated the patient was weak, had pain</p>						

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	<p>in bones, had grimacing, decreased appetite, refuses meals, decreased strength, increased mental status changes, was incontinent of bowel and bladder, was total care for all activities of daily living, and used a wheelchair for ambulation by staff.</p> <p>The Hospice Nursing Summary indicated safety issues which included limited range of motion, bone or joint problems, bone pain, total assist, vision impaired, decreased endurance, fatigue, weakness, support needed during transfer and ambulation, bowel and bladder incontinence, precautions needed for seizures and falls.</p> <p>Interdisciplinary Progress Notes dated 03/09/2011 indicated the resident ambulated independently, is periodically unsteady, so staff will walk with her. The notes indicated the resident had not been feeling well recently and had been smiling less due to pain and being tired. The resident was noted to be feeling tired, having a poor appetite, trouble concentrating, and moving less and so slowly that others would notice.</p> <p>Interdisciplinary Progress Notes dated 03/25/2011 at 9 a.m. indicated the resident had a grand mal seizure while sitting in wheelchair in hallway. "Resident</p>						

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	<p>continually refusing meds over several days...." Notes dated 03/26/2011 at 11 p.m. indicated the resident was up "ambulating in room into hallway attempted to redirect res [resident] several xs [times] back to bed due to gait unsteady. Walked c [with] res c min. [minimal] assist to East Wing lounge et [and] layed res on couch s [without] difficulty."</p> <p>Interdisciplinary Progress Notes dated 03/28/2011 at 3:30 a.m. indicated the resident was incontinent of urine and care was provided; repositioned in bed and call light in reach.</p> <p>Interdisciplinary Progress Notes dated 03/28/2011 at 4:45 a.m. indicated, "CNA called this writer into room et [and] found res laying on floor on her back next to bed c a bump on her forehead et blood on her forehead and on the floor. Res eyes open et responding to this writer. Res moaned out in pain when this writer touched her forehead. Other nurse called into room. 911 called by this writer. BP [blood pressure] 118/80 P [pulse] 114 R [respirations] 18. Res had black and blue (R) [right] eye et swollen." Further notes indicated the resident was sent to the hospital and family and physician were notified. Notes dated 03/28/2011 at 11 a.m. indicated the resident was admitted</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155336		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 04/19/2011	
NAME OF PROVIDER OR SUPPLIER DECATUR TOWNSHIP CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4851 TINCHER ROAD INDIANAPOLIS, IN46221			
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	<p>to the hospital with a brain hemorrhage.</p> <p>Hospital records dated 03/28/2011 indicated, "... ECF [extended care facility] resident fell down this morning striking her head. She was found by staff down on the ground and was uncertain exact timeframe. Patient does have chronic dementia and metastatic breast cancer stage IV. ... Patient received CT of her head demonstrating parenchymal bleed, subdural hematoma...."</p> <p>The Physician Discharge Summary dated 03/30/2011 indicated discharge diagnoses of intracranial bleed, Alzheimer's dementia, breast cancer with bony metastasis.</p> <p>The resident's care plan for problem of fall risk related to weakness, unsteadiness, limited mobility, impaired cognition, psychotropic drug use with onset date of 12/17/09 and recently updated on 03/28/2011 with "fall unwitnessed out of bed," indicated approaches of the following: monitor and document for changes in behavior, such as increased agitation, decline in mental status, etc.; keep call bell within reach of resident, remind to call for assistance; monitor for s/sx of UTIs or other infectious process; provide resident with clean glasses daily; provide well lit, clutter free environment;</p>						

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	<p>provide assist for toileting as needed; engage resident in active participation in activity programming; keep frequently used objects within reach; evaluate resident for change in vision, change in mental status, med medication, medication side effects, gait disturbance, and/or orthostatic hypertension; strips at bedside was added on 06/28/10; and pressure alarm to bed at all times was added 03/28/2011 after the fall with the subdural hematoma.</p> <p>Interview with the Director of Nursing [DoN] and Administrator on 04/18/2011 at 2:30 p.m. indicated the investigation of the fall included interviewing the nurse and CNA who claimed they had just checked on the resident 5 minutes prior to the fall and she was fine.</p> <p>Interview with the Administrator on 04/19/2011 at 9:45 a.m. indicated the facility uses the Reportable Unusual Occurrences policy used by ISDH for their reportables. The policy indicates "All unusual occurrences reported to the Indiana State Department of Health will be recorded and tracked or monitored to insure residents are receiving appropriate care and services." The policy indicated the facilities are required by law to report unusual occurrences within 24 hours of occurrence to the Long Term Care</p>						

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	<p>Division, thoroughly investigate, and the results of the investigation must be reported to ISDH in writing for by fax within 5 working days of the occurrence.</p> <p>Interview with the Administrator on 04/18/2011 at 1:30 p.m. indicated the facility had no reportables since the last surveyor was in on a complaint investigation on March 26, 2011.</p> <p>Interview with the DoN and Administrator on 04/19/2011 at 11:50 a.m. indicated their investigation was in the computer and the DoN pulled off the documentation which showed the unwitnessed fall was not thoroughly investigated, but supported the above documentation of a lapse of 1 hour and 15 minutes between checks on the resident, not 5 minutes between checks as the DoN had thought. The facility failed to implement interventions for a resident who was in an active declining condition to prevent her from falling out of bed and having received a significant head trauma - subdural hematoma.</p> <p>This State Rule finding relates to Complaint IN00088825.</p> <p>3.1-13(g)(1)</p>						